Experiment Review Form

1. EXPERIMENTER DETAILS

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| Principal Investigator: |  |
| Institution: |  |
| Contact Information (phone/email): |  |
| Experiment Members: |  |
| Collaborating Institutions: |  |
| Funding Source (optional): |  |
| CLEAR Operational Personnel: |  |
| Date of Operation: |  |
| Total Installation Time: |  |
| Total Beam Time: |  |
| EDMS Number for initial request: |  |

1. EXPERIMENT GOALS

Please provide a brief recap of the experimental goals in the beam time request, noting if they were achieved or not.

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1. BEAM PARAMETERS

Please provide as much detail as possible on the beam parameters requested and the beam parameters achieved.

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| **Parameters** | **Requested** | **Provided** |
| Bunch charge / length: |  |  |
| Number of bunches / time structure: |  |  |
| Beam energy / energy spread: |  |  |
| Transverse Twiss parameters (β; α; ε) or beam size/shape: |  |  |
| Critical parameters and stability requirements (e.g. orbit, beam size, charge,…): |  |  |

1. SUMMARY OF OPERATION

Give a detailed summary of the experimental program, including the following:

* Summary of the installation procedure:

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* Brief daily summary of operations:

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* Were the stated goals achieved?

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* Problems encountered:

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* Potential improvements of operation:

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* Review of relevant safety aspects

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1. FUTURE WORK AT CLEAR

Give details of any future work foreseen at CLEAR, including the following as appropriate:

* The details of the foreseen work
* What additional requirements would be needed for this work
* Preliminary dates for this work

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1. POSSIBILITY OF PUBLICATION

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